

Abstracts

A455

and most of them (76.0%) were active workers. Daily mean cigarette consumption during working days was 20.7 ± 9.9 . Mean annual expenses for cigarettes reached €961.5 \pm 442.3 and the median expense was €876, although significant differences ($p < 0.0001$) within gender, age groups, educational level, work situation and geographic area were observed. Men older than 46–65 years showed the highest expense, regardless of their income; and unemployed workers spent more than active workers on tobacco. A mean annual expense for cigarettes higher than 1500 € was associated with a higher use of smoking cessation treatments ($p = 0.0009$). However, less than 0.9% of smokers wanted to stop smoking due to economic reasons. **CONCLUSIONS:** Smokers who want to quit smoking spend annually a mean of €961.5 (median of €876) on cigarettes, although there are significant differences within socio-demographic profiles. The higher the expenses for cigarettes are, the higher the expenses for smoking cessation treatments reach.

PRS30

HOW CONGRUENT ARE PATIENT AND CLINICIAN MODELS OF ASTHMA CONTROL?—PRELIMINARY FINDINGS FROM A QUALITATIVE STUDY

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OBJECTIVES: Recent regulatory guidelines emphasize the importance of patient input in the development of patient reported outcome (PRO) measures that will be used as clinical trial endpoints to support labelling claims. In asthma prevention and management, consensus among clinicians is growing regarding models of asthma control. It is uncertain how closely patient models concur with clinical perspectives of asthma control. The objective of this research was to develop a conceptual model of asthma control based on both patient and clinician input and explore the congruence of patient and clinical perspectives. **METHODS:** Fifty-five patients discussed the concept of asthma control in 8 focus groups (2 each in France, Germany, UK & US). Independently two asthma specialists and two general practitioners were interviewed in each country (18 in total) about their understanding of asthma control, symptoms and treatments. Data was analyzed using thematic analysis techniques based on grounded theory, and conceptual models were developed for patient and clinician perspectives. **RESULTS:** When asked what asthma control meant to them, patients talked about symptoms, sleep disturbance, tiredness, rescue medication use, activity limitations, the experience of asthma attacks and experiencing panic and fear. Clinicians focussed primarily on presence and severity of symptoms and medication use, but also mentioned the ability of the patient to remain active, patients' hospitalisation, and satisfaction with and adherence to medication as being indicators of asthma control. **CONCLUSIONS:** Our research suggests that patient and clinician models are complementary, but not completely consistent. Both emphasize symptom control and rescue medication use as key indicators. Patients, however, also consider emotional responses, tiredness and activity limitations as important, whereas clinicians more often considered adherence and health care utilisation. Differences in the models support the importance of including both patient and clinical perspectives when developing PRO measures for clinical trials.

PRS31

A SURVEY OF THE BURDEN OF ALLERGIC RHINITIS IN EUROPE

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OBJECTIVES: The perceptions of patients and physicians regarding the symptoms and impact of allergic rhinitis (AR) were assessed in a prospective, international, cross-sectional survey using a convenience sample of consulting patients. We present the combined survey results from Germany, France, Italy, Spain and UK. **METHODS:** Data were recorded by 1482 patients and matched with records completed by primary care physicians and specialists. Diagnostic tests to confirm AR had been performed on 1279 (86.3%) patients. Both physicians and patients recorded the presence, severity and impact of symptoms. Health-related quality of life (HRQoL) was assessed. **RESULTS:** A large proportion of patients had moderate-severe disease (67.2%; $n = 996$), persistent disease (42.5%; $n = 630$) and co-morbidities such as asthma (31.5%; $n = 467$). Patients generally rated their disease as more severe than did their physicians ($P < 0.001$). At the time of the consultation, one-third of all patients reported that their current nasal and ocular symptoms were moderate or severe in nature. According to the physicians' assessment, good control of nasal and ocular symptoms was achieved in 45.4% ($n = 673$) and 51.3% ($n = 760$) of patients, respectively. Overall, 43.3% ($n = 641$) of those surveyed were using two or more medicines for their AR. HRQoL was correlated with disease severity and with the number of days without symptoms in the previous 4 weeks. AR had a significantly greater impact in patients with more persistent disease than in those with intermittent disease (2.3 ± 1.3 vs. 1.9 ± 1.2 ; $P < 0.001$). Nonetheless, 81.8% ($n = 601$) of patients with intermittent disease reported some impairment of their daily life as a result of their AR. **CONCLUSIONS:** AR remains a significant health problem because of the high burden of symptoms and its impact on general well being and HRQoL.

PRS32

SYMPTOMS AND IMPACT OF SYMPTOMS AS REPORTED BY ASTHMA PATIENTS

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OBJECTIVES: Shortness of breath, chest tightness, wheeze and cough are hallmark symptoms of asthma. These can significantly impact a patient's life causing impairment to a patient's physical, emotional and social wellbeing. To evaluate a treatment's efficacy, it is important to assess endpoints that are important to patients. This study aimed to confirm symptoms and their impact which are important to asthma patients. **METHODS:** Fifteen patients with asthma, meeting predefined inclusion criteria were recruited by MAPI Values in Boston, USA. All patients consented. The semi-structured interviews explored symptoms and impact of symptoms. Patients also completed the Asthma Control TestTM (ACT) and the Asthma Quality of Life Questionnaire (AQLQ(S)). Taped interviews were transcribed maintaining anonymity and analysed to answer the key questions in the interview guide. Findings of the first 11 (75%) interviews were compared with the final 4 (25%) interviews to determine the level of consistency in the pattern of responses. **RESULTS:** All